



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field

Topeka, Kansas 66620-0001

Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary

Gary K. Hulett, Ph.D., Under Secretary

RCRA COMPLIANCE INSPECTION REPORT GENERATORS AND TRANSPORTERS CHECKLIST

262.11 A. General

Date March 1, 1989 Time 1000 hrs. EPA ID No. KSD000203638

Facility Name Olin Water Services

Street 3155 Fiberglass Road

City Kansas City, Kansas Zip 66115

County Wyandotte Phone 913-621-6440

Contacts William Dame - Plant Manager Larry Prouty - Environmental Affairs  
Officer

Inspector Jim Fishcer

Other Thomas Vittitow and Rakesh Mohan Legislative Post Audit Staff

B. Hazardous Waste Determination

- 262.11 1. Does generator generate waste(s) listed in 261.31, 261.32, or 261.33? YES NO  
If yes, list waste(s), EPA Hazardous Waste No. according to 40 CFR, Subpart D, and quantity/month:

EPA Hazardous Waste No.	Describe Waste Material	Quantity/Month	Method of Disposal
U031	N-butyl Alcohol	Varies/attempt	No shipment
U070	O-Dichlorobenzene	is made to	in 1988 or
U133	Hydrazine	Rework Materials	to date in
		If not reworkable	1989
U242	Pentachlorophenol	it is moved to storage area	

Continued on 2nd page .....



R00146068

RCRA RECORDS CENTER

<u>EPA Hazardous Waste No.</u>	<u>Describe Waste Material</u>	<u>Quantity/Month</u>	<u>Method of Disposal</u>
F001	Methylene Chloride Varies/Lab Waste		Pick up by Safety-Kleen Corporation

2. Does generator generate waste(s), not listed, that exhibit hazardous characteristics (corrosivity, ignitability, reactivity, EP toxicity)?

YES NO

- a. If yes, list waste(s), EPA Hazardous Waste No. according to 40 CFR, Subpart C, and quantity.

<u>EPA Hazardous Waste No.</u>	<u>Waste Material</u>	<u>Quantity/Month</u>	<u>Method of Disposal</u>
D001	Lab Solvents	Varies	Safety-Kleen Corporation
D002	" " "		
D003	" " "		
D007	" " "		
D009	Mercury	Not generated on regular basis	Chemical Waste Management

b. Does generator determine characteristics by testing or by applying knowledge of processes? Explain below:

1. If determined by testing, did generator use test method 261.21, 261.22, 261.23, or 261.24 or was equivalent test method used? \_\_\_\_\_

YES NO NA

a. If equivalent method used, obtain copy of test method.

3. Are there any other wastes generated by generator?

YES NO

a. If yes, list below:

Waste Description

Method of Disposal

REGULAR TRASH

BFI--LOCAL PERMITTED  
SANITARY LANDFILL

b. Did the generator test these wastes to determine if hazardous?

YES NO NA

Explain if necessary:

4. Generator size classification:

a. Does firm generate less than 75 kg of hazardous waste per month (Small quantity generator)?

YES NO

b. Does firm generate 75 kg or more but less than 1,000 kg. of hazardous waste per month (Kansas generator)?

YES NO

c. Does firm generate more than 1,000 kg of hazardous waste per month (EPA generator)?

YES NO

T/S/D FACILITY (STORAGE)

Hazardous waste determination requirements:

☒ Adequate [ ] Inadequate

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If generator generates less than 100 kg. of hazardous waste per month or accumulates less than 1,000 kg. stop here.  
-----

262.21

1. Does generator ship waste off-site?

☒ YES NO

a. If yes, does manifest include:

1. Manifest document number?

☒ YES NO

2. Generator's name, address, phone number, and EPA ID number?

☒ YES NO

3. Name and EPA ID number of each transporter?

☒ YES NO

4. Name, address, and EPA ID number of designated facility?

☒ YES NO

5. Name, address, and EPA ID number of alternate facility if any. (The generator may also provide instructions to return waste to generator if undeliverable)?

☒ YES NO NA

6. Waste information required by DOT-Shipping name, (49 CFR 172.101, 172.202, 172.203) total quantity, type and number of containers?

☒ YES NO

7. Certification information - "This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to applicable regulations of DOT and EPA"?

☒ YES NO

262.23

b. Does generator retain copies of manifest?

☒ YES NO

If yes, complete 1 through 4.

1. Does generator sign and date all manifests by hand?

☒ YES NO NA

2. Does generator obtain handwritten signature and date of acceptance from initial transporter?

☒ YES NO NA

3. Does generator retain copy of manifest signed by both generator and transporter?

☒ YES NO NA

262.40

4. Does generator retain copy of manifest signed and dated by T/S/D facility owner/operator for three years?

☒ YES NO NA

Manifesting requirements:

☒ Adequate [ ] Inadequate



D. Pre-Transport Requirements

- 262.30 1. Does generator package waste in accordance with DOT requirements (49 CFR 173, 178, and 179)?
- 262.31 2. Does generator label each package in accordance with DOT requirements (49 CFR 172)?
- 262.32 3. Does generator mark each package in accordance with DOT requirements (49 CFR 172)?
4. Does generator mark each container of 110 gallons or less as below:

☒ YES NO

☒ YES NO

☒ YES NO

☒ YES NO

Hazardous Waste - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. E.P.A.

Generator's Name and Address \_\_\_\_\_

Manifest Document Number \_\_\_\_\_

- 262.33 5. Does generator have placards to offer to transporters (49 CFR 172, Subpart F)?

YES NO ☒

Pre-transport requirements:

☒ Adequate [ ] Inadequate

E. Record Keeping and Reporting

- 262.40 1. Does generator keep a copy of completed manifests from designated facilities for three years?
2. Does generator keep a copy of each Annual Report and Exception Report for three years?
3. Does generator keep records of test results and waste analyses used in determining hazardous or non-hazardous nature of wastes for three years?

☒ YES NO

☒ YES NO

☒ YES NO

Record keeping and reporting requirements:

☒ Adequate [ ] Inadequate

F. Special Conditions

1. Has generator received from or transported to a foreign source any hazardous waste?

YES NO ☒

- b. ☐ Is waste manifested and signed ☐ foreign cosignee?
- c. If generator transports wastes out of the country, has confirmation of delivered shipment been received?

YES NO ☒ NAYES NO ☒ NA

## Special conditions requirements:

☐ Adequate☐ Inadequate

N/A

G. Accumulation Time

- 262.34 1. Does generator temporarily store waste before transport for 90 days or less?

☒ YES NO NA

- a. If yes, is waste placed in containers?

☒ YES NO NA

If yes,

1. Check overall condition of containers.

- 265.173 2. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste?

☒ YES NO NA

- 265.174 3. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leakage and/or deterioration caused by corrosion or other factors?

☒ YES NO NA

- 265.176 4. Are containers holding ignitable or reactive waste located at least 15 meters (50 feet) from the facility's property line?

YES ☒ NO NA

HAS VARIANCE

- 265.177 5. If waste in containers is incompatible with other materials stored nearby, are the containers separated from the other materials by means of a dike, berm, wall, or other device?

☒ YES NO NA

- b. If yes, is waste placed in tanks?

YES NO NA

If yes, fill out tanks checklist except 265.193.

2. Is the date accumulation began clearly marked and visible for inspection on each container?

☒ YES NO NA

3. Is each containers and tank labeled or marked clearly with the words "Hazardous Waste"?

(YES) NO

Note: If storage period exceeds 90 days then the facility is also a T/S/D facility. If facility is a T/S/D, go to T/S/D checklist here.

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Accumulation time requirements:

☒ Adequate      [ ] Inadequate      [ ] Not Applicable

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If generator is a Kansas generator stop here.  
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H. Requirements for Generators Operating Unpermitted Storage Facilities (Non T/S/D)

1. Does the owner/operator maintain at the facility, the following documents and records:
- |   |     |    |
|---|-----|----|
| a. Job title and job description for each position related to hazardous waste management? | YES | NO |
| b. Description of type and amount of training to be given each person?                    | YES | NO |
| c. Records of training given to facility personnel?                                       | YES | NO |
- 

Personnel training requirements:

[ ] Adequate      [ ] Inadequate      [ ] Not Applicable

---

2. The generator who accumulates waste on-site must meet the following requirements of preparedness and prevention (Subpart C):
- |        |   |     |    |
|--------|---|-----|----|
| 265.31 | a. Does an inspection of the facility show any evidence of fire, explosion, or contamination? | YES | NO |
|        | b. If applicable to the facility, is the facility equipped with:                              |     |    |
|        | 1. Internal communication or alarm system easily accessible in case of emergency?             | YES | NO |
|        | 2. Telephone, hand-held two-way radio capable of summoning emergency response personnel?      | YES | NO |

SUMMARY  
**OLIN WATER SERVICES**

Kansas City, Kansas

Facility operations, waste generation and waste management practices at the Olin facility remain essentially as described in previous inspection reports and their RCRA permit. The facility is minimizing wastes by reusing and reworking material that would otherwise require disposal as hazardous waste.

While inspecting the warehouse area three salvage drums that, according to the generator were empty, were observed. Inspection of the drums revealed that one (1) drum contained material. The drum was opened and a leaking 55 gallon drum discovered. The drum was later identified as biocide that was sent back to the facility for reworking and had apparently been overlooked. The generator indicated this would not happen again and that a better tracking method for "rework" drums would be devised.

Lab wastes are accumulated in safety cans and are picked up by the Safety-Kleen Corporation on a regular basis. Safety-Kleen transfers the contents of the Safety cans to a common container on the date of the pick-up.

Accumulated unused/outdated lab chemicals that were noted on previous inspections were shipped off on June 30, 1988 (See attached copies of manifests).

:gz (sum.01)

biocide ?

poison ?

STATE OF KANSAS



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RCRA Compliance Inspection Report

T/S/D Facilities Checklist

A. General

Date March 1, 1989 Time 1000 hrs. EPA ID No. KSD000203638

Facility Name Olin Water Services

Street 3155 Fiberglass Road

City Kansas City, Kansas Zip 66115

County Wyandotte Phone 913-621-6440

Contact William Dame, Plt. Mgr - Larry Prouty, Environmental Affairs Officer

Inspector Jim Fischer

Other Thomas Vittitow and Rakesh Mohan - Legislative Post Audit Staff

B. Activity at Site

<u>Treatment</u>	<u>Storage</u>	<u>Disposal</u>
<u>Chem/Phys/Bio Treatment</u>	<u>X Drums</u>	<u>Incineration</u>
<u>Filtration</u>	<u>Pile</u>	<u>Landfill</u>
<u>Incineration</u>	<u>Surface Impoundment</u>	<u>Land</u>
<u>Recycling/Recovery</u>	<u>Tank, Above ground</u>	<u>Surface Impoundment</u>
<u>Reprocessing</u>	<u>Tank, Below ground</u>	<u>Other (</u>
<u>Solvent Recovery</u>	<u>Other (</u>	<u>)</u>
<u>Thermal Treatment</u>		
<u>Volume Reduction</u>		
<u>Waste Oil</u>		
<u>Other (</u>	<u>)</u>	

C. Waste Analysis Plan

265.13

1. Does facility maintain a copy of its waste analysis plan at the facility?

☒ YES ☐ NO

A. If yes, does the plan include:

1. Parameters for which each hazardous waste will be analyzed and rationale for the selection of these parameters.
2. Test methods which are used to test for these parameters.
3. Sampling method used to obtain sample.
4. Frequency with which the initial analysis will be reviewed or repeated to ensure the analysis is current.
5. For off-site facilities, the waste analyses that generators have agreed to supply.
6. For off-site facilities, the procedures which are used to inspect and analyze each movement of hazardous waste received to ensure that it matches the identity of the waste designated on the manifest.

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

YES NO ☒ NA

YES NO ☒ NA

Waste analysis plan requirements:

☒ Adequate [ ] Inadequate

D. Security

265.14

1. Does the facility provide either of the following:

- a. A 24-hour surveillance system? (T.V. monitoring or guards).
- b. An artificial or natural barrier (fence, fence and cliff combination) and a means to control entry (attendant, T.V. monitoring, locked entrance, controlled roadway access).

YES ☒ NO

☒ YES ☐ NO



2. Does the facility provide warning signs at entrances.
3. Does the facility consider itself exempt from security requirements?

☒ YES ☐ NO

YES ☒ NO

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Security requirements:

☒ Adequate    ☐ Inadequate    ☐ Not Applicable

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E. General Inspection Requirements

265.15

1. Does the owner/operator maintain a written schedule at the facility for inspecting:
  - a. Monitoring equipment
  - b. Safety and emergency equipment
  - c. Security devices
  - d. Operating and structural equipment
2. Does the inspection schedule identify the types of problems which are to be looked for during the inspections?
3. Does the owner/operator maintain an inspection log?
  - a. If yes, does the log contain the:
    1. Date and time of inspection
    2. Name of inspector
    3. Notation of observations
    4. Date and nature of repairs or remedial action

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

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Inspection requirements:

☒ Adequate    ☐ Inadequate

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F. Personnel Training

265.16

1. Does the owner/operator maintain at the facility, the following documents and records:

- |   |                                      |                          |
|---|--------------------------------------|--------------------------|
| a. Job title and job description for each position related to hazardous waste management. | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| b. Description of type and amount of training to be given each person.                    | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| c. Records of training given to facility personnel.                                       | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

Personnel training requirements:

☒ Adequate      [ ] Inadequate

G. Requirements For Ignitable, Reactive, or Incompatible Wastes

- |        |  |                                      |  |
|--------|--|--------------------------------------|--|
| 265.17 | 1. Does the facility handle ignitable or reactive wastes?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO                                     |
|        | a. If yes, is the waste separated and confined from sources of ignition or reaction, sparks, spontaneous ignition, and radiant heat? | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA            |
|        | 2. Are smoking and open flames confined to specially designated locations?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA            |
|        | 3. Are "No Smoking" signs posted in hazard areas?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA            |
|        | 4. Does a check of these areas show any leakage or corrosion of containers?  | YES                                  | <input checked="" type="radio"/> NO <input type="radio"/> NA |
|        | 5. Does a check of these areas show evidence of heat generation from interaction of incompatible wastes?                             | YES                                  | <input checked="" type="radio"/> NO <input type="radio"/> NA |

Ignitable, reactive, or incompatible waste requirements:

☒ Adequate      [ ] Inadequate      [ ] Not Applicable

H. Preparedness and Prevention

- |        |   |                                      |   |
|--------|---|--------------------------------------|---|
| 265.31 | 1. Does an inspection of the facility show any evidence of fire, explosion, or contamination? | YES                                  | <input checked="" type="radio"/> NO               |
| 265.32 | 2. If applicable to the facility, is the facility equipped with:                              |                                      |   |
|        | a. Internal communication or alarm system easily accessible in case of emergency?             | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |
|        | b. Telephone, hand-held two-way radio capable of summoning emergency response personnel?      | <input checked="" type="radio"/> YES | <input type="radio"/> NO <input type="radio"/> NA |



- |        |     |  |                                      |                          |                                     |
|--------|-----|--|--------------------------------------|--------------------------|-------------------------------------|
|        | 3.  | Are portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment provided?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 4.  | Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.33 | 5.  | Is this equipment (1-4 above) tested and maintained to assure its proper operation?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.35 | 6.  | Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
| 265.37 | 7.  | If appropriate for the type(s) of waste handled has the owner/operator made arrangements with the local emergency authorities to familiarize them with the layout of facility, properties of wastes handled and associated hazards, places where facility personnel normally work, entrances to roads inside facility, and possible evacuation routes? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 8.  | In areas where more than one police and fire department might respond, is there one designated authority?  | YES                                  | NO                       | <input checked="" type="radio"/> NA |
|        | 9.  | If appropriate for the type(s) of waste handled does the owner/operator have agreements with State emergency response teams, emergency response contractors, and equipment suppliers?  | YES                                  | NO                       | <input checked="" type="radio"/> NA |
|        | 10. | If appropriate for the type(s) of waste handled has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste(s) handled and types of injuries which could result from fires, explosions, or releases at the facility?   | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> NA            |
|        | 11. | In cases where state or local authorities decline to enter into such arrangements, is the refusal entered in the operating record?   | YES                                  | NO                       | <input checked="" type="radio"/> NA |

Preparedness and prevention requirements:

☒ Adequate      [ ] Inadequate

I. Contingency Plan and Emergency Procedures

- |        |    |  |                                      |                          |
|--------|----|--|--------------------------------------|--------------------------|
| 262.53 | 1. | Is a contingency plan maintained at the facility and have copies been provided to outside agencies which may be called upon to provide emergency services? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| 262.52 | 2. | Does the plan describe arrangements made with emergency response personnel?  | <input checked="" type="radio"/> YES | <input type="radio"/> NO |

- 265.55
3. Does the plan list the name(s), home address, and phone number(s) of the designated emergency coordinator(s)? ☒ YES ☐ NO
  4. Is an emergency coordinator available at all times? ☒ YES ☐ NO
  5. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? ☒ YES ☐ NO
  6. Does the plan include an evacuation plan for facility personnel? ☒ YES ☐ NO

Contingency plan and emergency procedures requirements:

☒ Adequate      [ ] Inadequate

J. Manifest System, Recordkeeping, and Reporting

- 265.71
1. Does the facility receive waste from off-site? YES ☐ NO ☒
    - a. If yes, does the owner/operator sign and date each copy of the manifest and give a signed copy to the transporter? YES ☐ NO ☒ NA
    - b. Does the owner/operator send a signed copy of the manifest to the generator within 30 days of the delivery? YES ☐ NO ☒ NA
    - c. Does the owner/operator retain a copy of manifest? YES ☐ NO ☒ NA
  2. Does the facility receive any waste from a rail or water (bulk shipment) transporter? YES ☐ NO ☒
    - a. If yes, is the shipment accompanied by a shipping paper containing the appropriate information? YES ☐ NO ☒ NA
      1. If yes, does the owner/operator sign and date the shipping paper and provide the transporter with a copy? YES ☐ NO ☒ NA
      2. Does the owner/operator send a signed copy of the shipping paper to the generator within 30 days of the delivery? YES ☐ NO ☒ NA
      3. Does the owner/operator retain a copy of the shipping paper? YES ☐ NO ☒ NA
- 365.72
3. Has the facility received any shipments of waste which were inconsistent with the manifest? YES ☐ NO ☒ NA

- 265.73
- a. If yes, was an attempt made to reconcile the discrepancy with the generator and transporter? YES NO ☒ NA
  1. If no, was the Regional Administrator notified? YES NO ☒ NA
  4. Does the owner/operator keep a written operating record at the facility? ☒ YES NO
  - a. If yes, does the operating record include:
    1. A description and the quantity of each hazardous waste received, and method(s) and date(s) of its treatment, storage, and disposal? ☒ YES NO NA
    2. The location of each hazardous waste within the facility and the quantity at each location? ☒ YES NO NA
    3. Records and results of waste analyses? ☒ YES NO NA
    4. Reports and details of incidents requiring implementation of the contingency plan? ☒ YES NO NA
    5. Records and results of required inspections? ☒ YES NO NA
    6. Monitoring, testing, or analytical data? ☒ YES NO NA
    7. Closure cost estimates (and for disposal facilities, post-closure cost estimates)? ☒ YES NO NA
- 265.76
5. Has the facility received any waste, which does not fall under the small generator exclusion, not accompanied by a manifest or shipping paper? YES ☒ NO
  - a. If yes, was an unmanifested waste report submitted to the Regional Administrator? YES NO ☒ NA

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Manifest system, recordkeeping, and reporting requirements:

☒ Adequate      [ ] Inadequate

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K. Closure and Post-Closure

- 265.112
1. Does the owner/operator have a written closure plan for the facility? ☒ YES NO
  - a. If yes, does the plan include:
    1. A description of how and when the facility will be closed? ☒ YES NO

2. A description of the steps necessary to completely close the facility? ☒ YES ☐ NO
3. An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the facility life? ☒ YES ☐ NO
4. A description of the steps needed to decontaminate facility equipment at the time of closure? ☒ YES ☐ NO
5. An estimate of the expected year of closure and a schedule for final closure which includes the total time required to close the facility and the time required for intervening closure activities which allow tracking closure progress? ☒ YES ☐ NO
- 265.118 2. If the facility is a disposal facility, does the owner/operator have a written post-closure plan? YES ☐ NO ☒ NA
- a. If yes, does the plan include:
1. Ground-water monitoring activities and frequencies at which they will be performed? YES ☐ NO ☒ NA
2. Maintenance activities and frequencies at which they will be performed to ensure the integrity of the cap and containment structures where applicable, and the function of the monitoring equipment? YES ☐ NO ☒ NA
3. The name, address, and phone number of the person or office to contact during the post-closure period? YES ☐ NO ☒ NA

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Closure and post-closure requirements:

☒ Adequate      ☐ Inadequate

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L. Financial Requirements

- 265.142 1. Does the owner/operator have a written estimate of the closure cost? ☒ YES ☐ NO
- 265.143 2. Has the owner/operator established financial assurance for facility closure and notified the Regional Administrator? (Required after 7-6-82). ☒ YES ☐ NO
- 265.144 3. If the facility is a disposal facility, does the owner/operator have a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? YES ☐ NO ☒ NA

265.145

4. Has the owner/operator of the disposal facility established financial assurance for post-closure care and notified the Regional Administrator? (Required after 7-6-82)

YES NO ☒ NA

265.147

5. Has the owner/operator obtained liability insurance for sudden occurrences of at least \$1 million with an aggregate of at least \$2 million exclusive of legal defense costs? (Effective 7-15-82).
6. If the facility is a disposal facility, has the owner/operator obtained liability insurance for nonsudden and accidental occurrences of at least \$3 million per occurrence with an annual aggregate of at least \$6 million exclusive of legal defense costs? (Effective 7-15-82)

☒ YES NOYES NO ☒ NA

## Financial requirements:

☒ Adequate ☐ InadequateM. Management of Containers

265.170

1. Are containers presently used to store hazardous waste? YES NO
- a. If no, do not complete questions 2-5.
- b. If yes, check condition of containers and for evidence of incompatibility of waste with containers.

## Condition of Containers:

☒ Adequate ☐ Inadequate ☐ Not Applicable

265.173

2. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste?

☒ YES NO NA

265.174

3. Does owner/operator inspect areas where containers are stored, at least weekly, for signs of leakage and/or deterioration caused by corrosion or other factors?

☒ YES NO NA

HAS VARIANCE

265.176

4. Are containers holding ignitable or reactive waste located at least 15 meters (50 feet) from the facility's property line?

YES NO NA

265.177

5. If waste in containers is incompatible with other materials stored nearby, in other containers, piles, open tanks, or surface impoundments, are the containers separated from the other materials by means of a dike, berm, wall, or other device?

☒ YES ☐ NO ☐ NA

### Management of Containers:

☒ Adequate      ☐ Inadequate      ☐ Not Applicable

Note: Determine if owner/operator claims any information confidential.

Note: Fill out applicable checklists for specific facility types (i.e. tanks, surface impoundments, piles, land treatment, landfills, groundwater monitoring).

## Additional Information and CONCLUSIONS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

Form: TSD 4/82

Please print or type

(Form designed for use

(12-pitch) typewriter.)

EPA Form 8700-22 (I

-86)

Form Approved OMB No. 2050-0039, Expires 9-30-89

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 0 0 2 0 3 6 3	Manifest Document No. 00100	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Olin Water Services-Olin Corporation 305 Sunshine Road Kansas City, KS 66115 Generator's Phone (913) 621-6440				A. Illinois Manifest Document Number. IL 2054781	
4. Generator's Phone (913) 621-6440				B. Illinois Generator's ID 9 2 0 2 0 9 5 1 1 5	
5. Transporter 1 Company Name Chemical Waste Management-TSD				C. Illinois Transporter's ID 1 0 0 7	
6. US EPA ID Number I L D 0 9 9 2 0 2 6 8				D. (312) 396-1050 Transporter's Phone	
7. Transporter 2 Company Name				E. Illinois Transporter's ID 1 1 1 1	
8. US EPA ID Number				F. ( ) Transporter's Phone	
9. Designated Facility Name and Site Address Trade Waste Incineration #7 Mobile Avenue Sauget, Illinois 62201				G. Illinois Facility's ID 1 1 6 3 1 2 1 0 0 0	
10. US EPA ID Number I L D 0 9 8 6 4 2 4 2				H. Facility's Phone (618) 271-2804	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity
a. Waste Flammable Liquid, n.o.s., Flammable Liquid, UN1993 CWM Profile No. CABV90007				00.2DF0.0032	14. Unit Wt./Vol. 1
b. Waste ORM-A, n.o.s., ORM-A, NA1693 CWM Profile No. CABV90007				00.2DF0.0032	15. Waste No. XXD001
c. Waste Poison B. Liquid, n.o.s. Poison B, UN2810 (Cyanide compounds, Arsenic compounds, Phenol, Barium compounds, Thiourea) CWM Profile No. CABV90007				00.1DF0.0016	16. EPA HW Number XXD005
d. Waste Sodium Peroxide, Oxidizer, UN1804 CWM Profile No. CABV90007				00.1DF0.0005	17. Authorization Number 090001
J. Additional Descriptions for Materials Listed Above all above are lab packs a) OLT 1-2 c) OLT 5 b) OLT 3-4 d) OLT 6				K. Handling Codes for Wastes Listed Above In Item # 14 1 = Gallons 2 = Cubic Yards	
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name William E. Dame		Signature William E. Dame		Date Month Day Year 06 30 88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Mike Chazelle / Driver		Signature Mike Chazelle		Date Month Day Year 06 30 88	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Rick HOGAN		Signature Rick A. Hogan		Date Month Day Year 07 11 88	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV 7

GENERATOR COPY - PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111, Section 21 that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.





Form Approved. OMB No. 2050-0039. Expires 9-30-88

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete

**GENERATOR No. 2 (Must Accompany Shipment)**



STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field  
Topeka, Kansas 66620-0001  
Phone (913) 296-1500

Mike Hayden, Governor

Northwest District Office  
2301 East 13th  
Hays, Kansas 67601  
913-625-5663

Stanley C. Grant, Ph.D., Secretary  
Gary K. Hulett, Ph.D., Under Secretary

April 29, 1988

William E. Dame, Manager  
Olin Water Services  
3155 Fiberglass Road  
Kansas City, Kansas 66115

RECEIVED

MAY 4 1988

RE: Hazardous Waste Compliance Evaluation Inspection  
EPA Identification Number KSD000203638

K. D. H. E.  
NORTHEAST DISTRICT

Mr. Dame:

On April 20, 1988 a hazardous waste compliance inspection was conducted at Olin Water Services, 3155 Fiberglass Road, Kansas City, Kansas. This inspection was to determine this facilities compliance with state and federal regulations concerning hazardous waste.

Based on information provided this inspection shows that the facility generates various laboratory and product waste (See supplement A & B), and the amount exceeds 1000 kilograms per month. Generation in excess of 1000 kilograms per month requires compliance with applicable 40CFR Part 262 standards as adopted by K.A.R. 28-31-4. This facility is also a permitted storage facility, subject to the requirements of 40CFR, Parts 260 to 264, 270, 124 and specific conditions of Permit Number KSD000203638.

The current inspection identified the following items not in compliance with state and federal regulations.

1. Generators are required to identify all solid wastes and determine if that waste is a hazardous waste as shown in 40CFR 261.2 as adopted by K.A.R. 28-31-4. These standards require the identification of the paint and primer wastes contained in the paint booth filters. Identification shall be completed by June 1, 1988.
2. Generators shall keep a copy of each biennial report and exception report for a period of at least three years (40CFR Part 262, Subpart D K.A.R. 28-31-4(f)). The 1985 report was not available for this inspection. Shall be provided for the June 1, 1988 followup.

Box  
will call  
knowledge  
Product

OK

William E. Dame, Manager  
Olin Water Services  
3155 Fiberglass Road  
Kansas City, Kansas  
Page 2.

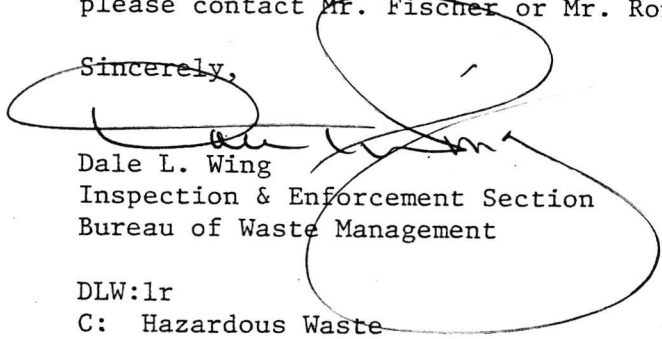
- OK
3. Operators of container storage facilities shall keep all containers marked in accordance with the standards of K.A.R. 28-31-4(9)(2) and (3). Some containers in storage display weathered labels which are becoming difficult to read. These labels shall be replaced.
- OK  
COB
4. A pallet of assorted laboratory chemicals has been packaged and identified as hazardous waste. This waste material is not included in your storage permit, therefore, must be removed before the end of the allowed 90-day storage period. This package was dated 4-4-88 which requires its removal by 7-4-88.

OK

During this inspection the use of a satellite accumulation area was discussed in detail. Following the discussion it was determined that satellite accumulation sites were to be established in the laboratory areas. When implementing this activity you may wish to review the standards for satellite accumulation K.A.R. 28-31-4(j) and the mixed solvent rules of 40CFR, Subpart D 261.31. A review of this paragraph in Mr. Fischer's 1987 report is also recommended.

Thank you for your cooperation and assistance with this inspection. If there are any questions regarding this inspection and the requested corrections, please contact Mr. Fischer or Mr. Ron Smith at 913-296-1604.

Sincerely,



Dale L. Wing  
Inspection & Enforcement Section  
Bureau of Waste Management

DLW:lr

C: Hazardous Waste  
Inspection & Enforcement  
→ Jim Fischer  
John W. Bosky  
File

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>KSD000203638</b>		Manifest Document <b>00001</b>		Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address <b>Olin Water Services - Olin Corp.</b> <b>9393 West 110th St.</b> <b>Overland Park, KS 66210</b>						A. State Manifest Document Number				
						B. State Generator's ID <b>KSD000203638</b>				
4. Generator's Phone <b>(913) 451-3100</b>						C. State Transporter's ID <b>TC000-505</b>				
5. Transporter 1 Company Name <b>P.I.E.</b>						D. Transporter's Phone <b>904-798-2079</b>				
7. Transporter 2 Company Name						E. State Transporter's ID				
6. US EPA ID Number <b>FLD007922578</b>						F. Transporter's Phone				
8. US EPA ID Number						G. State Facility's ID <b>KYD006396246</b>				
9. Designated Facility Name and Site Address <b>Olin Corporation - Doe Run</b> <b>Highway 933, P. O. Box 947</b> <b>Brandenburg, KY 40108</b>						H. Facility's Phone <b>502-422-2101</b>				
10. US EPA ID Number <b>KYD006396246</b>										
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
						No.	Type			
a. <b>Hazardous Waste (Mixed Solvents), liquid N.O.S.</b> <b>HA9189 Flammable</b>						<b>3</b>	<b>DF</b>	<b>1251</b>	<b>P</b>	<b>F001</b>
b. <i>Manning 69621</i>										
c. <i>Coll. 213.42</i>										
d. <i>W/Curl 10-29-87</i>										
J. Additional Descriptions for Materials Listed Above <b>Waste is a mixture of naphtha, methylene chloride, chloroform, freons, benzene, toluene, xylene, and isopropanol.</b>						K. Handling Codes for Wastes Listed Above <b>T06</b>				
15. Special Handling Instructions and Additional Information  <b>RQ for mixture is 1 lb.</b>										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name <i>L. D. Doe</i>						Signature <i>[Signature]</i>			Month Day Year <i>11/1/87</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name						Signature			Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name						Signature			Month Day Year	
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name <b>Laura TEW</b>						Signature <i>[Signature]</i>			Month Day Year <b>10/30/87</b>	

RECEIVED  
NOV 04 1987  
REGULATORY



CHEMICAL WASTE MANAGEMENT, INC.  
Technical Services Division  
4300 West 123rd Street  
Alsip, Illinois 60658

312/396-1050

# INVOICE

THIS IS AN INVOICE FOR CURRENT CHARGES  
PLEASE PAY AMOUNT INDICATED BELOW.

TERMS

NET DUE UPON RECEIPT

ALL PAST DUE AMOUNTS WILL BEAR INTEREST AT TWO PERCENT PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW, WHICHEVER IS LESS.

CUSTOMER ACCOUNT NUMBER

768-5010961

INVOICE NUMBER

INVOICE DATE

PAGE

2023-62354

7-5-88

OLIN CORPORATION  
305 SUNSHINE ROAD  
KANSAS CITY, KS 66115

ATTN: WILLIAM DAME

PURCHASE ORDER # WK 10239 SERVICE CONTRACT SIGNED 6/88

Technical services performed June 29 and 30, 1988.

Classification of waste items into proper DOT hazard class.  
Packaging of these materials into DOT approved containers.  
Transportation and disposal of these materials in strict compliance with all DOT and EPA regulations at the below listed disposal facilities.

Disposal by landfill at Emelle, Alabama

1 - 55 gallon drum

Profile Sheet # LAB H64130

Manifest Sheet # CWMA 359220

Disposal by incineration at Sauget, Illinois

12 - 16 gallon drums

5 - 5 gallon drums

Profile Sheet # LAB V90007

Manifest Sheet # IL 2054781 and 2054782

TOTAL PROJECT COST \$8,798.00

REMIT TO  
ADDRESS

CHEMICAL WASTE MANAGEMENT, INC.  
Technical Services Division  
4300 West 123rd Street  
Alsip, Illinois 60658

PLEASE PAY  
THIS AMOUNT

\$8,798.00

ORIGINAL INVOICE

Please print or type.

(Form designed for use on

12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 86)

Form Approved. OMB No. 2050-0039, Expires 9-30-89

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 0 0 0 2 0 3 6 3 8		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address Olin Water Services-Olin Corporation 305 Sunshine Road Kansas City, KS 66115				A. Illinois Manifest Document Number IL 2054782			
4. Generator's Phone ( 913 ) 621-6440				B. Illinois Generator's ID 9,2,0,2,0,9,5,1,1,5			
5. Transporter 1 Company Name Chemical Waste Management-TSD				6. US EPA ID Number I L D 0 9 9 2 0 2 6 8		C. Illinois Transporter's ID 0 0 7 5	
7. Transporter 2 Company Name				8. US EPA ID Number		D. ( 312 ) 396-1050 Transporter's Phone	
9. Designated Facility Name and Site Address Trade Waste Incineration #7 Mobile Avenue Sauget, Illinois 62201 DG				10. US EPA ID Number I L D 0 9 8 6 4 2 4 2 4		E. Illinois Transporter's ID Transporter's Phone	
						G. Illinois Facility's ID 1 1 6 8 1 2 1 0 0 0 9	
						H. Facility's Phone ( 618 ) 271-2804	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. Waste Nitric Acid, Oxidizer, UN2031 cwm Profile No. LAB190007				00.2DF		00.010	
b. Waste Flammable Solid, n.o.s., Flammable Solid, UN1325 cwm Profile No. LAB190007				0.01DF		0.0005	
c. Waste Alkaline liquid, n.o.s., Corrosive Material NA1719 cwm Profile No. LAB190007				0.01DF		0.00016	
d. Waste Acid, liquid, n.o.s., Corrosive Material NA1760 cwm Profile No. LAB190007				00.7DF		0.0101	
J. Additional Descriptions for Materials Listed Above all above are labpack e) OLT 7+8 b) OLT 9 c) OLT 10 d) OLT 11-17				K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards			
15. Special Handling Instructions and Additional Information							
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Printed/Typed Name William E. Dame				Signature William E. Dame		Date 06/30/88	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Mike Chazelle / Driver				Signature Mike Chazelle		Date 06/30/88	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name Rick Hogan				Signature Rick A. Hogan		Date 07/1/88	

IN ILLINOIS: 217 / 782-3637

\*24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS\*

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV 7

GENERATOR COPY - PART 1-DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

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